51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107-61)

10443

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
County Worcester
City or town Newark.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) Life
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Newark Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Robert Henry Adkins

3. (b) Social Security Number ✓

4. Sex Male
5. Color or race Negro
6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 1938

8. AGE: Years 1 Months Days 4 If less than one day hrs. min.

9. Birthplace Newark, Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Birnie Johnson
13. Birthplace Near Snow Hill Md

MOTHER
14. Maiden name Madeline Adkins
15. Birthplace Newark, Md.

16. Informant Marie Adkins
Address Newark, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct. 12-39 (month) (day) (year)
Cemetery or crematory Cedar Chapel
Location Newark

18. Funeral director Hearne + Dennis
Address Snow Hill Md

19. 10/12/ 1939 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1939, at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ; to — 19 ,
and that I last saw h — alive on — 19 .

Immediate cause of death Bronchopneumonia, Primary. No history of any associated disease. Child was dead, when physician was called. W.G.R.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 6 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley M.D. Deputy Ex Med
M.D. or other
Address Snow Hill Md Date signed 10/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 11 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 355

10444

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Worcester

(b) City or town Berlin (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 2 0 7.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Worcester

(c) City or town Berlin (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Robert E. Armstrong

3 (b) If veteran, name war: World War

3 (c) Social Security No. 213-05-0728

4. Sex: male

5. Color or race: ~~white~~ Col.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 4, 1899

8. AGE: Years 39 | Months 4 | Days 3 | If less than one day: ____ hr. ____ min.

9. Birthplace Ga. (Town, county, and state)

10. Usual occupation Garage Employ

11. Industry or business

FATHER 12. Name Robert E. Armstrong

13. Birthplace Ga.

MOTHER 14. Maiden Name Hessie Daniels

15. Birthplace Ga.

16 (a) Informant Mrs. Frances Armstrong

(b) Address Berlin md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10. 1939 (month) (day) (year)

(c) Cemetery or crematory St Pauls

Location Berlin md.

18 (a) Funeral director J. W. Burbage

(b) Address Berlin md.

19 (a) 10-10-39 (Date rec'd by registrar) (b) Helen I. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death 10-7- 1939, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Acute myocarditis	
Due to	
Due to	
Other conditions Chr Brights	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Chas. R. Lewis M. D. or other

Address Berlin Md Date signed 10-10-39

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NOV 3 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10445

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Wesley Aydelotte

3. (b) Social Security Number [illegible]

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1939

8. AGE: Years	Months	Days	If less than one day
0	2	28	hrs. min.

9. Birthplace Pocomoke City, Worcester Co.
(Town, county, and state)

10. Usual occupation ----

11. Industry or business ---

FATHER
12. Name Sherrard B. Aydelotte
13. Birthplace Pocomoke City, Md.

MOTHER
14. Maiden name Irene Sparrow
15. Birthplace New Church, Va.

16. Informant W. E. Sparrow
Address New Church, Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 10, 1939 (month) (day) (year)
Cemetery or crematory Nelson Cemetery
Location Near New Church, Va.

18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.

19. Oct. 10 24 1939 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1939, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 7 1939, to Oct 8 1939, and that I last saw h[illegible] alive on Oct 8 1939.

Immediate cause of death	DURATION
Uraemia Calculus	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. A. Bradshaw M. D. or other
Address Pocomoke City Date signed 10/8/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 955

CERTIFICATE OF DEATH

10446

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Showell (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 20y

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Showell (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** D. Parker Bishop Sr

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Hester M. Bishop

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Apr. 3, 1866

8. AGE: Years 73 | Months 6 | Days 10 | If less than one day ____hr. ____min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Edward Bishop
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Collins
15. Birthplace Md.

16 (a) Informant Parker Bishop Jr
(b) Address Ocean City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16 1939 (month) (day) (year)
(c) Cemetery or crematory Bishop Ville Md
Location Bishop Ville Md

18 (a) Funeral director J. M. Burbage
(b) Address Berlin Md

19 (a) 10-16-39 (Date rec'd by registrar) (b) Helen L. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 13 1939, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1937, to Oct 13 1939, and that I last saw him alive on Oct 12 1939.

Immediate cause of death	Duration
Myocarditis Chronic	6 mos
Duration: ten years. eyes R	
Due to Generalize Arteriosclerosis	15 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Frederick P. Riccoll M.D. (M. D. or other)
Address Berlin, Md Date signed 10-14-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10447

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (48)

County Worcester Registration Dist. No. 355

Village or City Berlin, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Blake If U. S. Veteran, specify WAR

(a) Residence: No. Berlin, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Blake

6. DATE OF BIRTH (month, day, and year) Dec. 25, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Isaac Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hester Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hezekiah Blake (Address) Berlin, Md.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place Long's Cemetery Date Nov. 1, 1939

19. UNDERTAKER Marguette N. Watson (Address) Pocomoke City, Md.

20. FILED Nov. 1, 1939 Helen S. Hayward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 30 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Oct 30, 1939

I last saw her alive on Oct 24, 1939; death is said to have occurred on the date stated above, at 6:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1935

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frederick J. Revell M. D.

(Address) Berlin, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (174)

CERTIFICATE OF DEATH

10448

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town near Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Bowen Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	negro	Single

6 (b) Name of husband or wife
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 27	—	—	— hrs. — min.

9. Birthplace Snow Hill Worcester Md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name James Bowen
13. Birthplace Berlin Md
MOTHER 14. Maiden name Jennie Veale
15. Birthplace Snow Hill Md
16. Informant James Bowen Jr
Address Snow Hill Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 16 1939 (month) (day) (year)
Cemetery or crematory Taylors Gate near Snow Hill
Location Londontown Md
18. Funeral director Kearns & Dennis
Address Snow Hill Md.
19. 10/16 19 39 (Date rec'd by registrar) LeRoy Smith. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1939, at 5.30 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 to — 19, and that I last saw him alive on Oct 14 1939.

	DURATION
Immediate cause of death Stab wound of heart	5 hrs.
Due to Stabbed by another party	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Stab wounds of heart

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Homicide Date of Oct 14 39
Where did injury occur? Snow Hill (City or town) Worcester (County) Md (State)
Injured at home, farm, industry, public place (where?) Public place
Means of injury Stabbed by knife Injured at work? No

23. SIGNATURE John L. Riley M.D. Deputy Med Ex M. D. or other
Address Snow Hill Md Date signed 10/16/39

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NOV 11 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (165)

CERTIFICATE OF DEATH

10449

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Berlin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30-3-12

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR 10

3. (a) FULL NAME Gordon E. Burbage
3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 16 - 1909

8. AGE:

Years	Months	Days	If less than one day
30	3	12	hrs. min.

9. Birthplace Berlin Worcester Md
(Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Gordon F. Burbage
13. Birthplace Maryland

MOTHER
14. Maiden name Ella M. Evans
15. Birthplace Maryland

16. Informant Hermann F. Burbage
Address Snow Hill Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct 30-39 (month) (day) (year)
Cemetery or crematory Buckingham
Location Berlin
18. Funeral director Deane & Denning
Address Snow Hill Md

19. 10-30-1939 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1939, at 10a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h— alive on — 19—.

	DURATION
Immediate cause of death Strangulation	
Caused by Hanging	
Suicide	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of Oct 28 39
Where did injury occur? Berlin Worcester Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) House
Means of injury Hanging Injured at work?

23. SIGNATURE John L. Riley Dep. Med Ex
M. D. or other
Address Snow Hill Md Date signed 10/28/39

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NOV 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10450

(159)

1. PLACE OF DEATH

County Worcester Registration Dist. No. 353

Village or City Bishop, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Campbell If U. S. Veteran, specify WAR

(a) Residence: No. Bishop, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Oct. 6, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Bishop, Md. (State or country)

FATHER

13. NAME Welford S. Campbell

14. BIRTHPLACE (city or town) Somerset Co. (State or country) New Jersey

MOTHER

15. MAIDEN NAME Maize Ebers

16. BIRTHPLACE (city or town) Parkersburg (State or country) W. Va.

17. INFORMANT Welford S. Campbell (Address) Bishop, Md.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Campbell Cem. Somers Co. Place New Jersey Date Oct. 8, 1939

19. UNDERTAKER Marguerite V. Watson (Address) Pocomoke City, Md.

20. FILED Oct. 7, 1939 Mrs. Ruth Burgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 6 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1939, to Oct. 6, 1939

I last saw him alive on Oct. 6, 1939; death is said to have occurred on the date stated above, at 4:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity	Oct. 6

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel M Burgess M. D.

(Address) Selbyville, Del.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10451

1. PLACE OF DEATH (159)

County Worcester Registration Dist. No. 353

Village or City Bishop, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Luke Campbell If U. S. Veteran, specify WAR

(a) Residence: No. Bishop, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): Oct. 6, 1939

7. AGE: Years | Months | Days | If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Bishop, Md.

FATHER

13. NAME: Welford S. Campbell

14. BIRTHPLACE (city or town) (State or country): Somerset Co. New Jersey

MOTHER

15. MAIDEN NAME: Marie Ewers

16. BIRTHPLACE (city or town) (State or country): Parkersburg W. Va.

17. INFORMANT (Address): Welford S. Campbell Bishop, Md.

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place: Campbell Cem. Somerset Co. New Jersey Date: Oct. 8, 1939

19. UNDERTAKER (Address): Margarette H. Watson Pocomoke City, Md.

20. FILED: Oct 7, 1939 Mrs Roy Bergey (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1939, to Oct. 6, 1939

I last saw him alive on Oct. 6, 1939; death is said to have occurred on the date stated above, at 4:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity	Oct. 6

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon M Berger M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 35 / 10452

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Newark
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40 Y

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Newark
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Francis E. Collins

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Addie M. Collins
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 14, 1856

8. AGE: Years 83 | Months 6 | Days 28 | If less than one day — hr. — min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation —
11. Industry or business Retired

FATHER
12. Name Sidney H. Collins
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Norris
15. Birthplace Md.

16 (a) Informant Sidney H. Collins
(b) Address Newark Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1939 (month) (day) (year)
(c) Cemetery or crematory Ironshire Md.
Location Ironshire Md.

18 (a) Funeral director J. W. Bostaph
(b) Address Berlin Md.

19 (a) 10/14/39 (Date rec'd by registrar) (b) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 12 1939, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Oct 12 1939 and that I last saw him alive on Oct 12 1939.

Immediate cause of death	Duration
Chronic interstitial Nephritis	5
Due to Hypertension	1
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Clifford E. Abbott M.D.
M. D. or other
Address Newark Md. Date signed Oct. 14, 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 11 1938
BU. REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10453

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Lizzie Cattman

3. (b) Social Security Number

4. Sex Female
5. Color or race Col'd
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife John Cattman
6(c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) May 18 1897

8. AGE: Years 42 Months 5 Days 8 If less than one day ___ hrs. ___ min.

9. Birthplace Maceuvre Park Va.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John Cooper
13. Birthplace Unknown
MOTHER 14. Maiden name Lizzie Conquest
15. Birthplace Accomac, Virginia
16. Informant Alvin Cattman
Address Pocomoke City R.R. #1
17. Burial Date thereof 10-29-39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Jerusalem Cemetery
Location Temperanceville, Va.
18. Funeral director John A. Bradshaw
Address Pocomoke City, Md
19. Oct 28 1939 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1939, at 2:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ___, to — 19 ___,
and that I last saw h — alive on ___ 19 ___.
Immediate cause of death Pulmonary occlusion
Due to
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

DURATION —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep'y Med Ex.
M. D. or other
Address Snow Hill Md Date signed 10/26/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 6 1939
BUREAU V. S.

10454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH (159)

1. PLACE OF DEATH Worcester County Beaverdam, Md.

~~CITY OF BALTIMORE~~: (No. ..... St., ... Ward)

Registered No. 350 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Burley Culp. If U. S. Veteran specify WAR .....

(a) Residence: No. Beaverdam, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of no

6. DATE OF BIRTH (month, day, year) 10-15-39

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) no

11. Total time (years) spent in this occupation no

12. BIRTHPLACE (city or town) (State or country) Beaverdam Md.

FATHER

13. NAME Mr. William Franklin Culp

14. BIRTHPLACE (city or town) (State or country) Garrett Co, Md.

MOTHER

15. MAIDEN NAME Sadie May Davis

16. BIRTHPLACE (city or town) (State or country) Hurbur North Dakota

17. INFORMANT Mother
(Address) same as above.

18. BURIAL, CREMATION, OR REMOVAL
Place near Nelson's Cem. Date Oct. 16 1939

19. UNDERTAKER Wm Franklin Culp
(Address) Beaver Dam Md. Father

20. FILED Oct. 16, 1939 Anne E. White
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 12 Noon 10-15-, 1939, to 2:30 P.m 10-15-, 1939

I last saw him alive on 10-15-39, 1939. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows: Premature (6½ months) | Date of onset

Other contributory causes of importance:
Atelectasis
Premature Separation of Placenta?

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none.

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19....

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Dr. T. E. Sartorius Jr. M. D.

(Address) Pocomoke City, Md.

VS 3

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

10455

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City Md.

(If outside city or town limits, write RURAL or NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 40 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Ward No.

(If outside city or town limits, write RURAL or NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph W Davis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Emma L. Davis

6(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Aug 30 - 1887

8. AGE:

Years	Months	Days	If less than one day
52	1	24	____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business:

FATHER

12. Name: John Davis

13. Birthplace: Maryland

MOTHER

14. Maiden name: Lina Parr

15. Birthplace: Maryland

16. Informant: Mrs Mariel D. McKay.

Address: Makemie Park Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 26 1939 (month) (day) (year)

Cemetery or crematory: Remson Cemetery

Location: Pocomoke City Md. R.F.D.

18. Funeral director: Margarette H. Watson

Address: Pocomoke City Md.

19. Oct 26 1939 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 24 1939, at 10.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to	
Due to	
Other conditions: Gastritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John L. Riley Deputy Mus Ex M. D. or other

Address: Snow Hill Md. Date signed: Oct 28 1939

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OCT 27 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (104a)

CERTIFICATE OF DEATH

10456

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Worcester
City or town (near) Snow Hill.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 1/2 day.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Oliver Webster Duncan

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 30, 1939

8. AGE:

Years	Months	Days	If less than one day
			13 hrs. — min.

9. Birthplace (near) Snow Hill, Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Eddie Webster Bennett
13. Birthplace Stockton, Md.

MOTHER
14. Maiden name Frances Reed Duncan
15. Birthplace Snow Hill, Md.

16. Informant Frances Reed Duncan
Address Snow Hill, Md. Route 2.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/31/39 (month) (day) (year)
Cemetery or crematory Taylors Gate
Location Near Snow Hill, Md

18. Funeral director Irving Bennett
Address Stockton, Md.

19. 10/31/ 1939 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1939, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30 1939 to October 31 1939, and that I last saw him alive on October 30, 1939.

	DURATION
Immediate cause of death Probable – Septicemia	13 hrs
Due to Pus infection of nasal passage	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE M. Sherwood Ferris (M. D. or other)
Address Snow Hill, Md. Date signed 10/31/39

RECEIVED
NOV 11 1939
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-0) Reg. Dist. No. 355

CERTIFICATE OF DEATH

10457

1. PLACE OF DEATH:
(a) County Worcester
(b) City or town Berlin md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 2 0 7

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Berlin md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** William M. Ennis

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Lucy Ennis

6. (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) March 27, 1857

8. AGE: Years 82 | Months 6 | Days 9 | If less than one day — hr. — min.

9. Birthplace md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business —

FATHER
12. Name Geo. F. Ennis
13. Birthplace md.

MOTHER
14. Maiden Name Mary Phillips
15. Birthplace md.

16 (a) Informant Mrs Wm. M. Ennis
(b) Address Berlin md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4, 1939 (month) (day) (year)
(c) Cemetery or crematory Evergreen Berlin md
Location Berlin md.

18 (a) Funeral director J. W. Buckingham
(b) Address Berlin md

19 (a) 10-9-39 (Date rec'd by registrar) (b) Helen E. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death October 1st 1939, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1939, to Oct 1st 1939, and that I last saw him alive on Oct 1st 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hour.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Frederick J. Ingall M. D. (M. D. or other)
Address Berlin, Md Date signed 10-2-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

10458

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Cedar Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Edward T. Ford

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 4, 1866

8. AGE:

Years	Months	Days	If less than one day
73	-	13	hrs. min.

9. Birthplace: Kingston, Somerset Co., Md.
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER
12. Name: E. T. Ford
13. Birthplace: Somerset Co. Md.

MOTHER
14. Maiden name: Elizabeth Croswell
15. Birthplace: Marion Station, Md.

16. Informant: Joe Ford
Address: Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-19-39 (month) (day) (year)
Cemetery or crematory: Halls Hill
Location: Pocomoke City, Md.

18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.

19. Oct. 18 1939 (Date rec'd by registrar) Registrar: Ann E. White

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 17 1939, at 10:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 1939 to Dec 17 1939 and that I last saw h alive on Dec 17 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 hour
Due to	
Due to Arteriosclerosis	5 yr
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. M. Nelson, M.D.
M. D. or other
Address: Pocomoke City Md. Date signed 10/16/39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10459

CERTIFICATE OF DEATH

Reg. Dist. No. 553

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Bishopville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 45 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Bishopville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. (Rural) Near
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Westley Hemphill

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Millie Kate Hemphill
6(c) If wife, give age 61 years

7. Birth date of deceased (mo., day, yr.) Sept 29 1869

8. AGE: Years 70 | Months 0 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace Philadelphia
(Town, county and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Joseph Hemphill
13. Birthplace ✓

MOTHER 14. Maiden name Unknown
15. Birthplace

16. Informant Mrs. Millie K. Hemphill
Address Bishop Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 31 1939 (month) (day) (year)
Cemetery or crematory Bishopville, Md.
Location Bishopville, Md.

18. Funeral director M. Basha Watson
Address Selbyville, Del.

19. Oct 30 1939 (Date rec'd by registrar) Mrs Ray Berger Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1939, at 9:A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 5 1939, to Oct 5 1939
and that I last saw him alive on Oct 5th 1939

Immediate cause of death	DURATION
Chronic Nephritis	12 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G E James M. D. or other
Address Selbyville Date signed 10-31-39

RECEIVED
NOV 2 1939
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (174)

CERTIFICATE OF DEATH

(IN CORPORATE LIMITS OF)

10460

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Served War.

3. (a) FULL NAME William Johnson

3. (b) Social Security Number 217-09-1724

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16 1890

8. AGE:

Years	Months	Days	If less than one day
49	8	5	hrs. min.

9. Birthplace Norfolk Va. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farmer
FATHER 12. Name Douglas Johnson
13. Birthplace Va.
MOTHER 14. Maiden name Unknown
15. Birthplace "
16. Informant Louise Gundry
Address Pocomoke City
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 27-1939 (month) (day) (year)
Cemetery or crematory Ebenezer Cemetery
Location R.F.D. Marion md.
18. Funeral director Margaretta H. Watson
Address Pocomoke City md.
19. Oct. 27 1939 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1939, at 7.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19—, to — 19—, and that I last saw h— alive on — 19—.

Immediate cause of death Stab wound in liver. — DURATION 15 min?
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Homicide Date of Oct 21 39
Where did injury occur? Pocomoke City Worcester Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Public place
Means of injury Stab wound Injured at work?

23. SIGNATURE John L. Riley M.D. Deputy Md Ex
M. D. or other
Address Snow Hill Md Date signed Oct 21 '39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

10461

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 422 Linden Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Cornellius Matthews

3. (b) Social Security Number

4. Sex Female

5. Color or race Colored

6.(a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife John L. Matthews

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1876

8. AGE: Years 62 | Months 10 | Days 30 | If less than one day hrs. min.

9. Birthplace Hallwood, Accomac Co., Va.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name ---- Collins

13. Birthplace Virginia

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Bernard Gillette

Address Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-26-39 (month) (day) (year)

Cemetery or crematory Christ M. E. Church

Location Somerset Co.

18. Funeral director John A. Bradshaw

Address Pocomoke City, Md.

19. Oct. 26th 1939 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 – 23 – 1939, at 2:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-21- 1939, to 10-23- 1939, and that I last saw h alive on 10-23- 1939.

Immediate cause of death	DURATION
Cerebral Thrombosis	3
Due to Arteriosclerosis	U.K.
Due to	
Other conditions Mitral Regurgitation	U.K.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Pocomoke City, Md. Date signed 10/25/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

10462

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:
County Worcester
City or town Stockton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Stockton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Anna Elizabeth Mills

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: negro
6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife: OK
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec 14 1938

8. AGE: Years: W or — Months: 9 Days: 20 If less than one day ____ hrs. ____ min.

9. Birthplace: Girdletree Maryland (Town, county, and state)
10. Usual occupation: None
11. Industry or business:

FATHER
12. Name: Robert H. Mills
13. Birthplace: Girdletree, Md

MOTHER
14. Maiden name: Oceana Wilson
15. Birthplace: Stockton, Md

16. Informant: Oceana Mills
Address: Stockton, Md

17. ____ (Burial, ~~cremation, or removal. Which?~~) Date thereof Oct 6 1939 (month) (day) (year)
Cemetery or crematory: Cool Springs
Location: Girdletree, Maryland

18. Funeral director: Irving Bennett
Address: Stockton, Md

19. Oct. 5 1939 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1939, at 240a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19__, to — 19__, and that I last saw h — alive on — 19__,

Immediate cause of death: Heart trouble variety unknown

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

DURATION: Life

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE John L. Riley M.D. Exam. Deptg Med. M. D. or other
Address Snow Hill, Md Date signed Oct 5 '39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-2)

CERTIFICATE OF DEATH

10463

Reg. Dist. No. 851

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Worcester

City or town near Newark

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town near Newark Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR 10

3. (a) FULL NAME Isaiah Parker

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Mary E Parker

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Sept. 10 - 1876

8. AGE: Years	Months	Days	If less than one day
64	1	9	hrs. min.

9. Birthplace Wicomico Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Charles Parker

13. Birthplace Maryland

MOTHER 14. Maiden name Millie Timmons

15. Birthplace Maryland

16. Informant Mary E. Parker

Address Newark Md #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof oct. 12-39 (month) (day) (year)

Cemetery or crematory Quaconco

Location near Newark Md

18. Funeral director Hearne + Dennis

Address Snow Hill Md

19. 10/20 19 39 LeRoy Smith, Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1939, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19 1939 to October 19 1939, and that I last saw him alive on October 19 1939.

	DURATION
Immediate cause of death Cerebral Hemorrhage	15 hrs
Due to Hypertension	-?-
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford E. Talbott M. D. or other

Address Newark Md Date signed

RECEIVED
NOV 11 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-A)

10464

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Pokomoke City, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pokomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hannah M Roberts

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife John H Roberts
dead 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/5 - 1852

8. AGE: Years	Months	Days	If less than one day
86	10	25	— hrs. — min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Home Work
11. Industry or business Laborer
FATHER 12. Name George Parker
FATHER 13. Birthplace Maryland
MOTHER 14. Maiden name Sophia Parker
MOTHER 15. Birthplace Maryland
16. Informant Harry Jones
Address Pokomoke City Md
17. Old Field Md (Burial, cremation, or removal. Which?) Date thereof 11/2-1939 (month) (day) (year)
Cemetery or crematory Old Field
Location Millsboro Del
18. Funeral director John W Burbage
Address Berlin Md
19. 11-2 1939 (Date rec'd by registrar) Helen L. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/30 1939, at 7 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939 to Oct 30 1939, and that I last saw her alive on Oct 29 1939.

Immediate cause of death Carcinoma of the Ovary — DURATION 1936
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frederick J. Hood M.D.
M. D. or other
Address Berlin Md Date signed 10-30-39

RECEIVED
DEC 4 1939
BUREAU V. S.